

If you have questions regarding your plan of correction, contact the following staff:

* Hospitals, Ambulatory Surgical Centers, LTCU, Birthing Centers - Contact: State Survey Manager at 785-296-0127

*HHA, Rural Health Clinic, Hospice, OPPT, ESRD, X-RAY, CORF - Contact: Certification Coordinator at 785-296-1263

FAX NUMBER: 785-291-3419

Checklist

Before submitting your plan of correction, please use the checklist below to prevent delays.

- Have you provided a plan of correction for **each** deficiency listed?
- Does **each** plan of correction show a **completion date** in the right-hand column?
- Is each plan **descriptive** as to how the correction will be accomplished?
- Have you indicated what staff position will **monitor** the correction of **each** deficiency?
- Has the administrator or another authorized official **signed** and **dated** the first page of the Statement of Deficiencies?
- If you included any **attachments**, have they been **identified** with the corresponding deficiency number or identified with the page number to which they are associated? If you included exhibits, have they been so identified?

Your plan of correction will be returned to you for proper completion if not filled out according to these guidelines. Note: Failure to submit an acceptable plan of correction could result in the revocation and end of your facility's Certification in Medicare/Medicaid, State License or both.



*Kansas Department of Health and Environment
Bureau of Child Care & Health Facilities, Health Facilities Program
1000 SW Jackson, Suite 200, Topeka KS 66612-1365*

FAX (785) 291-3419

Statement of Deficiencies and Plan of Correction

Instructions regarding the
submission of a
plan of correction (POC)
for

**Resurvey's,
Revisit's and
Complaint Survey's**

(Rev. 10/12/09)

Introduction

Surveyors from the Kansas Department of Health and Environment (KDHE) recently surveyed or completed a resurvey, revisit or complaint investigation of your facility. A list of deficiencies found by the surveyors is on the attached *Statement of Deficiencies and Plan of Correction* (POC) form (CMS-2567).

We request you submit a plan of correction for each deficiency listed on the form. Your plan of correction should be submitted to KDHE within ten days of receipt of the list of deficiencies.

The Statement of Deficiencies

Surveyors visit your facility, write any deficiencies on the Statement of Deficiencies form, and then provide it to you. Write your plans for corrections on the form and return it to KDHE. The Statement of Deficiencies:

- Is the basic document available to the public about your facility's deficiencies and what is being done to remedy them?
- Provides an opportunity for you to furnish documentation that requirements have been met.

Submitting Your Plan of Correction

Providers are encouraged to respond to the 2567 electronically as an e-mail or as an attachment to an e-mail whenever possible and submit the signature and date page via FAX to 785-291-3419. Review the next three sections regarding descriptive content, completion dates, and continued monitoring. Respond to each plan of correction on the form opposite the respective deficiency. If you need additional space, continue on an attached sheet. However, be sure to refer to the deficiency number or State regulation number and identify the attachment (e.g., Attachment to Page 2 of 4). If you include exhibits, identify them (e.g., Exhibit A) and refer to them as such in your plan of correction.

Descriptive Content

Your plan of correction should provide a step-by-step description of the methods to correct each deficient practice to prevent recurrence and information that ensures the **intent** of the regulation— as evidenced by the examples cited-- is met.

Stating that a deficiency has been "corrected" is not acceptable. If a deficiency has already been corrected, the plan should state how it was corrected, the completion date (date the correction was accomplished), and how possible recurrence of the deficiency will be prevented.

The plan of correction you submit needs to address *each deficiency* which:

- 1.Tells how the corrective action will be accomplished for those residents found to have been affected by the deficient practice.
- 2.Tells how the facility will identify other residents having the potential to be affected by the same deficient practice.
- 3.Tells what measures will be put into place or what systemic changes will be made to ensure that the deficient practice will not reoccur.
- 4.Tells how the facility plans to monitor its performance to make sure solutions are sustained.
- 5.Tells how substantial compliance will be measured.
- 6.Includes the individual's title responsible for the Plan of Correction.

Note: Instruction or in-service of staff alone is not a sufficient plan of correction. This is a good first step toward correction, but additional steps must be taken to ensure the deficiency is corrected and will not recur. Remember, you CANNOT dispute a deficiency on your plan of correction; it will be rejected.

Completion Dates

The plan of correction must include a **completion date**. Be sure the date is **realistic** in the amount of time your facility will need to correct the deficiency.

Direct care issues should be corrected immediately and monitored appropriately. Some deficiencies may require a staged plan to accomplish total correction. Deficiencies requiring letting of bids, remodeling, replacement of equipment, etc., will require more time to accomplish correction but should show reasonable time frames. **If you receive a revised HCFA-2567L, your plan of correction completion dates cannot extend past the exit date.**

Continued Monitoring

Each plan of correction must indicate the **appropriate** person — by **position**, not name — who will be responsible for monitoring the correction of the deficiency to prevent recurrence.

Signature and Date

The Statement of Deficiencies form must be signed and dated by the administrator or other authorized official. It is only necessary to sign and date the **first page**.

Time Frame

Your plan of correction should be mailed within **ten calendar days** from the date of receipt. Please retain a photocopy for your records. Your POC must have a correction date within 30 days from the date of your exit.

Remember, If you receive a revised HCFA-2567L, your plan of correction completion dates DO NOT extend past the exit date.

Mailing Address (where needed)

HEALTH FACILITIES PROGRAM
BUREAU OF CHILD CARE & HEALTH FACILITIES
KS DEPT OF HEALTH & ENVIRONMENT
1000 SW JACKSON SUITE 200
TOPEKA KS 66612-1365

Questions?

Please review the cited regulation first. If you need clarification, have questions about the deficiencies or if you disagree with any deficiency on your 2567, you must contact the person listed below:

State Survey Manager

Topeka

785-296-0127

